



START SMART PROGRAM 2015

SANDY PARKS & RECREATION

CHILD / PARENT REGISTRATION FORM

Ages: 3-5 years old Program Fee: \$32



Start Smart is a great program for parents to spend time with their children and help prepare them for future participation in youth sports. All classes are taught in a safe, noncompetitive atmosphere that will help your child build confidence and most importantly have FUN! **Parents are required to attend and participate at each class!** Registration includes t-shirt, award, and equipment usage. Age appropriate equipment is used. All classes are held at the Sandy Parks and Recreation Gym (440 E. 8680 S.).

The **Multi Sport Development Program** focuses on general skills including dribbling, throwing, catching, kicking, and batting.

- | | |
|--------------------------|---------------------------------------------------|
| <input type="checkbox"/> | Session 1: May 19, 26, June 2, 9, 16, 23 |
| | Day: Tuesday Time: 5:30 - 6:15 pm |
| <input type="checkbox"/> | Session 2: May 19, 26, June 2, 9, 16, 23 |
| | Day: Tuesday Time: 6:30 - 7:15 pm |
| <input type="checkbox"/> | Session 3: May 20, 27, June 3, 10, 17, 24 |
| | Day: Wednesday Time: 5:30 - 6:15 pm |
| <input type="checkbox"/> | Session 4: July 7, 14, 21, 28, Aug 4, 11 |
| | Day: Tuesday Time: 5:30 - 6:15 pm |
| <input type="checkbox"/> | Session 5: July 7, 14, 21, 28, Aug 4, 11 |
| | Day: Tuesday Time: 6:30 - 7:15 pm |
| <input type="checkbox"/> | Session 6: July 8, 15, 22, 29, Aug 5, 19 |
| | Day: Wednesday Time: 5:30 - 6:15 pm |
| <input type="checkbox"/> | Session 7: Aug 25, Sept 1, 8, 15, 22, 29 |
| | Day: Tuesday Time: 5:30 - 6:15 pm |
| <input type="checkbox"/> | Session 8: Aug 26, Sept 2, 9, 16, 23, 30 |
| | Day: Wednesday Time: 5:30 - 6:15 pm |

The **Soccer Program** teaches the basics soccer including kicking, dribbling, trapping, throw-ins, and agility.

- | | |
|--------------------------|---------------------------------------------------|
| <input type="checkbox"/> | Session 1: May 20, 27, June 3, 10, 17, 24 |
| | Day: Wednesday Time: 6:30 - 7:15 pm |
| <input type="checkbox"/> | Session 2: July 8, 15, 22, 29, Aug 5, 19 |
| | Day: Wednesday Time: 6:30 - 7:15 pm |
| <input type="checkbox"/> | Session 3: Aug 25, Sept 1, 8, 15, 22, 29 |
| | Day: Tuesday Time: 6:30 - 7:15 pm |
| <input type="checkbox"/> | Session 4: Aug 26, Sept 2, 9, 16, 23, 30 |
| | Day: Wednesday Time: 6:30 - 7:15 pm |

☐ **START SMART MANUAL \$5 EACH**

How did you find out about this program:

| | | |
|----------|--------|---------|
| Website | School | Mailing |
| Brochure | Email | Friend |



Please be accurate and complete in filling out this form.

Child's Name _____ Gender: M _____ F _____
(First name) (Last Name) (Middle Initial)

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____ ☐

(Evening): _____ ☐

(Cell): _____ ☐

Please check
ONE box for
preferred phone
number.

Phone (Day): _____ ☐

(Evening): _____ ☐

(Cell): _____ ☐

Email Address: _____ Elementary school area player resides in: _____

Parent/Guardian Signature: _____ Date: _____

Receipt # _____ Amount \$ _____ Date _____ By _____

Please read, fill out & sign the consent form on the reverse side

SANDY CITY PARKS AND RECREATION

Start Smart Program

Informed Consent and Authorization

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/ activity described below.

Program / Activity Description

The Sandy Parks and Recreation Start Smart Program for 2015 utilizes Sandy City facilities. Classes are held on weekdays and week nights . Participation in the program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/physician, such treatment is necessary.

Name of Child: _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections.

Please initial each line above.

Name of Parent

or Legal Guardian: _____ Signature: _____

(Please print)

~Please fill out registration form on reverse side~